



KANSAS HEALTH INSTITUTE

# **CHILDREN'S HEALTH IN ALL POLICIES**

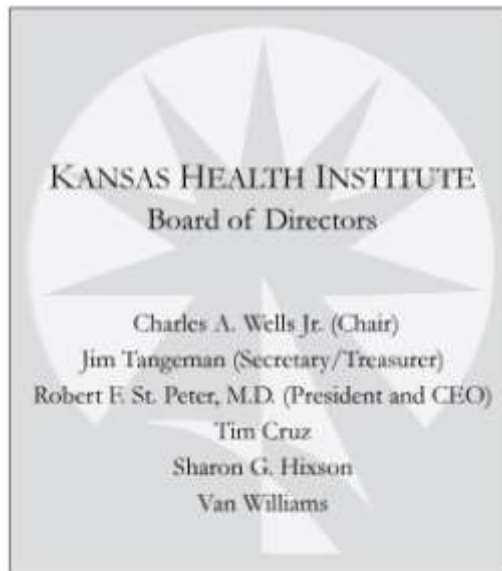
**POLICY OPTIONS FOR ADDRESSING ACCESS  
TO QUALITY CHILD CARE IN KANSAS**

**Tatiana Lin, MA – Project Director**

**Sharon Homan, PhD – Vice-President for Public Health**

**March 9, 2010**

**Noon – 1:30 p.m.**




The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas.

Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE I




# POLICY OPTIONS FOR ADDRESSING ACCESS TO QUALITY CHILD CARE IN KANSAS

Children's Health in All Policies  
March 9, 2010

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Amy J. Biel, MPH, Analyst  
Tatiana Lin, MA, Analyst  
*Kansas Health Institute*

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 2



### WHAT DO STATE LEGISLATORS NEED TO KNOW ABOUT ACCESS TO QUALITY CHILD CARE IN KANSAS?

- Demand for Child Care
  - In 2008, there were 241,642 children ages 0 - 5 in KS
  - Over half of children ages 0 - 5 are cared for in a non-parental setting each week
- Cost
  - Average monthly infant care costs exceeds other basic necessities
  - Average annual full-time infant care costs more than \$7,500 for a single child
  - Cost was 13% of median income for a two-parent family and 41% for a single parent family in KS

### SLIDE 2 NOTES:

Child care is a basic need. It ensures that parents are able to join the workforce or pursue educational opportunities, and it has the potential to lead to improved child development and safety. The value of quality child care is much more than “baby-sitting.”

Access to quality care is of particular importance as it relates to healthy child development. Studies have shown that access to quality care during the first five years of life makes a child more likely to succeed in school and be better prepared when entering the workforce later in life.

Quality care is also linked to safety. Statutes and regulations around quality child care include requirements for staff background checks, facility director and staff training, health, safety and fire inspections.

In order to get the full picture of child care issues in Kansas, it is important to understand the size of the population affected, as well as the costs associated with this service.

1. *Demand for Child Care:*
  - a. There are more than 240,000 children in Kansas ages 0-5.<sup>1</sup>
  - b. Most parents who are either working or attending school must rely on some form of non-family child care.
    - i. More than half of KS children ages 0-5 are cared for in a non-parental setting each week (almost 150,000).<sup>2</sup>
    - ii. Infant or toddler care is the most requested type of care – 59 percent of care is requested for infants and/or toddlers.<sup>3</sup>
  
2. *Child Care Costs:*<sup>4</sup>
  - a. In the Midwest, average monthly infant care costs exceeded the cost of other basic necessities like rent, food, utilities and college tuition.
    - i. If a family had more than one infant or child in child care, the difference in expenditures was even greater.
  - b. In Kansas, the average annual cost for full-time infant care for one child in 2008 was between \$6,012 and \$9,139, depending on the type of facility.
    - ii. Overall, the average was \$7,500.
  - c. The annual percentage of median income dedicated to child care expenses for a single child range from 13 percent of a two-parent family's income to 41 percent of a single parent's income.

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<sup>1</sup> National Association of Child Care Resources and Referral Agencies (NACCRA). (2009). *2009 Child Care in the State of Kansas*. Retrieved February 2, 2010, from [http://www.naccrra.org/randd/state\\_by\\_state\\_facts.php](http://www.naccrra.org/randd/state_by_state_facts.php).

<sup>2</sup> Kansas Action for Children. (2009). *Fiscal Focus: Child Care in Kansas*. Retrieved February 2, 2010, from [http://www.kac.org/PDF/childcare\\_fiscalfocus.pdf](http://www.kac.org/PDF/childcare_fiscalfocus.pdf).

<sup>3</sup> National Association of Child Care Resources and Referral Agencies (NACCRA). (2009). *Parents and the High Price of Child Care 2009 Update*. Retrieved February 2, 2010, from <http://www.naccrra.org/publications/naccrra-publications/parents-and-the-high-price-of-child-care-2009>.

<sup>4</sup> National Association of Child Care Resources and Referral Agencies (NACCRA). (2009). *Parents and the High Price of Child Care 2009 Update*.

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 3



### WHAT DO STATE LEGISLATORS NEED TO KNOW ABOUT ACCESS TO QUALITY CHILD CARE IN KANSAS?

- Child Care Supply
  - In 2007, Kansas regulated more than 10,700 registered and licensed child care facilities
  - Home-based child care facilities made up 73% of child care facilities in KS
    - 32% of these were registered child care homes
    - 41% of these were licensed child care homes
- Child Care Laws
  - All types of child care facilities are licensed, except for registered child care homes

### SLIDE 3 NOTES:

1. Kansas is required by law to regulate programs that provide child care services. The purpose of regulation is to:<sup>5</sup>
  - a. Reduce the risk of predictable harm to children while out of their home settings;
  - b. Provide a foundation of health and safety protection for children's well-being;
  - c. Provide basic consumer protection.
2. In 2007, Kansas was in charge of regulating almost 11,000 child care facilities. These facilities had the capacity to serve about 144,000 children.<sup>6</sup>

<sup>5</sup> Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, Child Care Licensing and Registration Programs. (2010). *General Information*. Retrieved March 1, 2010, from [http://www.kdheks.gov/bcclr/gen\\_info.html](http://www.kdheks.gov/bcclr/gen_info.html).

<sup>6</sup> Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, Child Care Licensing and Registration Programs. (2010).

# CHAP ADVISORY PANEL MEETING # 4

HANDOUTS FOR MAR. 9, 2010

3. There are several types of child care facilities in Kansas. Home-based child care facilities make up the majority – 73 percent. Of these home-based facilities, 32 percent were registered child care homes, and 41 percent were licensed child care homes.
  - a. Other types of facilities include:<sup>7</sup>
    - i. Group day care homes (12 percent);
    - ii. Child care centers (7 percent);
    - iii. School-age programs (4 percent);
    - iv. Preschools (3 percent);
    - v. Head Start centers (1 percent).
4. Kansas law has different rules and regulations regarding the standards that each type of facility must meet, and these standards directly impact the safety and quality of care that a child is likely to receive.<sup>8</sup>


**Table 1.1:** Comparison between state requirements for registered and licensed facilities

Registered	Licensed
Self-inspection of health and safety, signed and mailed to KDHE – no visit before registration is issued.	Self-evaluation and evaluation of health and safety standards by surveyor prior to licensure.
No inspections unless a complaint is filed.	Facility is inspected initially and then at least every 12 months.
Maximum of 6 children including own children.	Maximum of 10 children including own children.
Cost of registration is \$5.	Cost of license is \$15.
No space requirements for facility.	Twenty-five square feet of available play space is required per child.
No Fire Life Safety Agreement or inspection.	Mandatory Fire Life Safety Agreement and inspection is done by State Fire Marshal.

<sup>7</sup> Kansas Department of Health and Environment, Division of Health, Bureau of Child Care and Health Facilities, Child Care Licensing and Registration, Early Care and Youth Programs. (2007). *The Facts About Early Care and Youth Programs Child Care Licensing and Registration*. Retrieved March 1, 2010, from [http://www.kdheks.gov/bcclr/download/Facts\\_About\\_Early\\_Care\\_and\\_Youth\\_Programs.pdf](http://www.kdheks.gov/bcclr/download/Facts_About_Early_Care_and_Youth_Programs.pdf).

<sup>8</sup> Kansas Department of Health and Environment, Division of Health, Bureau of Child Care and Health Facilities, Child Care Licensing and Registration, Early Care and Youth Programs. (2003). *Information Comparing Registered Family Day Care Homes, Licensed Day Care Homes and Group Day Care Homes (CCL 033)*. Retrieved March 1, 2010, from [http://www.kdheks.gov/bcclr/child\\_care.html](http://www.kdheks.gov/bcclr/child_care.html).

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 4



### WHAT DO STATE LEGISLATORS NEED TO KNOW ABOUT ACCESS TO QUALITY CHILD CARE IN KANSAS?

- Child Care Center Quality - NACCRA

Ranking of Combined Child Care Center Oversight and Regulation Scores					
Top 10			Bottom 10		
State	Score	Rank	State	Score	Rank
Department of Defense	131	1	New Mexico	69	43
District of Columbia	111	2	Arkansas	66	44
Oklahoma	106	3	Iowa	66	44
Tennessee	106	3	Missouri	66	44
Maryland	104	5	Kansas	64	47
Rhode Island	104	5	California	62	48
New York	100	7	Georgia	53	49
Illinois	98	8	Nebraska	49	50
Florida	97	9	Louisiana	46	51
Washington	97	9	Idaho	15	52
<b>Total possible score is 150</b>					

### SLIDE 4 NOTES:

1. Just as the difference between a regulated and a licensed home-based child care facility has implications for children's safety and the quality of care, even those facilities that are more stringently regulated in Kansas do not compare well to other states.
2. A 2009 report, released by the National Association of Child Resource and Referral Agencies (NACCRA), looked at 50 states, the District of Columbia and the Department of Defense and ranked them according to regulation and oversight, providing a combined score.<sup>9</sup>
  - a. Kansas ranks 47<sup>th</sup> out of 52 in terms of child care center oversight and regulation, with an overall score of 64 out of 150.
  - b. According to the report, no state or territorial program earned an A, one state earned a B, one state earned a C, 16 states earned a D, and 33 states earned an F.

<sup>9</sup> National Association of Child Resources and Referral Agencies (NACCRA). (2009). *We Can Do Better 2009 Update – NACCRA's Ranking of State Child Care Regulations and Oversight*. Retrieved March 2, 2010, from [http://www.naccra.org/publications/naccra-publications/publications/We%20Can%20Better%202009\\_MECH-screen.pdf](http://www.naccra.org/publications/naccra-publications/publications/We%20Can%20Better%202009_MECH-screen.pdf).




**Table 1.2:** Categories Used for Regulation and Oversight Ranking

<b>Standards for Regulations:</b> Kansas ranked 45 <sup>th</sup>	<b>Standards for Oversight:</b> Kansas ranked 35 <sup>th</sup>
Staff/child ratio in compliance with national standards.	All child care centers are licensed.
Group size in compliance with national standards.	Monitoring visits are conducted 4 times per year.
Center directors required to have a bachelor's degree or higher in Early Childhood Education or related field.	Number of programs monitored by licensing staff does not exceed ratio of 50:1.
Teachers are required to have a Child Development Associate credential or associate's degree in early childhood education or a related field.	State licensing staff must have at least a bachelor's degree in a related field.
Center staff required to undergo orientation and training in first aid, CPR, fire safety and other health and safety issues.	Online inspection and complaint records are available to parents.
Require teachers to have 24 hours or more of ongoing training per year.	
Require checks of criminal history, child abuse registry, state & federal fingerprint and sex offender registry.	

9. The NACCRA report detailed specific recommendations for improving regulation and oversight in Kansas. They included: <sup>10</sup>
- a. Increasing the frequency of center inspections to more than once per year.
  - b. Increasing educational requirements for lead teachers to more than a high school education.
  - c. Requiring orientation training for all new staff members caring for children.
  - d. Requiring at least one staff member to be present who is certified in cardiopulmonary resuscitation (CPR).
  - e. Requiring caregivers to put babies to down to sleep on their backs to help prevent Sudden Infant Death Syndrome.
  - f. Requiring the use of fingerprints for conducting criminal history background checks.
  - g. Making inspection and complaint reports available online for parents to review.

<sup>10</sup> National Association of Child Resources and Referral Agencies (NACCRA). (2009). *We Can Do Better 2009 Update – NACCRA's Ranking of State Child Care Regulations and Oversight*.

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 5




### WHAT CAN STATE LEGISLATORS DO?

- Enact new standards for the regulation of child care facilities
- Require stricter oversight and enforcement of regulations
- Support the creation of a statewide Quality Rating System (QRS)
- Expand access to quality early childhood education programs

### SLIDE 5 NOTES:

1. Enact new standards for the regulation of child care facilities
  - a. Require all child care facilities to be licensed – eliminate the “registered” option.
  - b. Ensure appropriate background checks for facility staff that include use of fingerprints.
2. Require stricter oversight and enforcement of regulations
  - a. Increase facility inspections to more than once per year.
  - b. Make citations and violations easily available to the public.
3. Support the creation of a Quality Rating System (QRS)
  - a. Set standards for the definition of a quality child care facility.
  - b. Emphasize the need for well-trained staff and ongoing education as part of those standards.
4. Expand access to early childhood education programs
  - a. Studies have shown that early learning promotes success. Early learning programs include Smart Start, Early Head Start and Head Start.<sup>10</sup>

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 6



### WHAT ARE OTHER STATES DOING?

- Updating Regulations
  - Washington, D.C. (2007)
- Require Stricter Oversight
  - Oklahoma Child Care Facilities Licensing Act (2008)
- Developing Quality Rating Systems (QRS)
  - 19 states have implemented a statewide system, including Colorado and Iowa

### SLIDE 6 NOTES:

1. Updating regulations
  - a. In 2007, Washington, D.C. changed its regulations to lower staff-to-child ratios, group size, staff training requirements, criminal record checks, health and safety standards and parent involvement in all child care facilities.<sup>11</sup>
2. Require stricter oversight
  - a. The Oklahoma Child Care Facilities Licensing Act (2008) implemented an improved system of inspection reporting, required the use of fingerprints for criminal background checks, and made database of facility inspection reports available online.<sup>12</sup>

<sup>11</sup> National Resource Center for Health and Safety in Child Care and Early Education. (2010). *Regulations for Washington, District of Columbia. Title 29 of the District of Columbia Municipal Regulations (DCMR) Chapter 3 Child Development Facilities*. Retrieved March 2, 2010, from [http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/pdf/29\\_dcmr\\_chapter3\\_regulations.pdf](http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/pdf/29_dcmr_chapter3_regulations.pdf).

<sup>12</sup> Oklahoma State Courts Network. (2008) *Title 10. Children, Chapter 18 - Oklahoma Child Care Facilities Licensing Act*. Retrieved March 2010 from <http://www.oscn.net/applications/OCISWeb/index.asp?level=1&ftdb=STOKST10#Chapter18-OklahomaChildCareFacilitiesLicensingAct>.

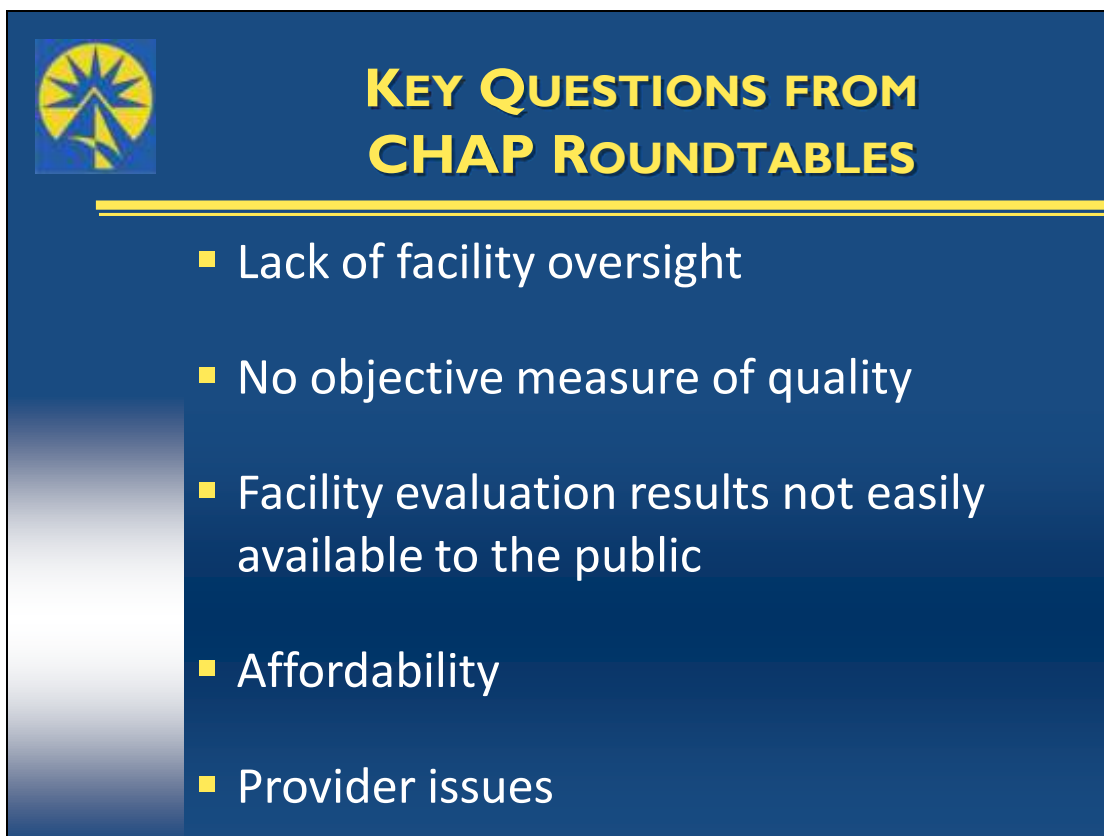
3. Developing Quality Rating Systems (QRS)
  - a. Nineteen states have implemented statewide quality rating and improvement systems (QRIS) with all five common elements used to assess, improve and communicate the level of quality in child care programs.<sup>13</sup>

**Table 1.3:** Core Elements of a Statewide Quality Rating and Improvement System

<b>Quality Rating and Improvement Systems (QRIS) Components</b>	
Standards	QRIS standards are built on a foundation of child care licensing requirements and add multiple steps between licensing and higher quality standards, such as those associated with accreditation.
Accountability measures	Accountability and monitoring processes are used to determine how well programs meet QRIS standards and to assign ratings.
Program and practitioner outreach and support	Support for providers, such as training, mentoring, and technical assistance, are included to promote participation and help programs achieve higher levels of quality.
Financing incentives	Financial incentives, such as tiered subsidy reimbursement (which pays a higher reimbursement rate to providers who care for children from families who receive subsidies and meet standards beyond minimum licensing), are awarded to programs when quality levels are achieved.
Parent and consumer education efforts	Most QRIS award easily recognizable symbols, such as stars, to programs to indicate the levels of quality and inform and educate parents.

<sup>13</sup> National Child Care Information and Technical Assistance Center. (2009). *QRIS Definition and Statewide Systems*. Retrieved February 1, 2010, from <http://nccic.gov/pubs/qrs-defsystems.html?&printfriendly=true>.

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 7



The slide features a blue background with a yellow sunburst logo in the top left corner. The title 'KEY QUESTIONS FROM CHAP ROUNDTABLES' is written in large, bold, yellow capital letters. Below the title, a list of five key questions is presented in white text, each preceded by a yellow square bullet point.

### KEY QUESTIONS FROM CHAP ROUNDTABLES

- Lack of facility oversight
- No objective measure of quality
- Facility evaluation results not easily available to the public
- Affordability
- Provider issues

### SLIDE 7 NOTES:

1. *Lack of facility oversight*
  - a. 1 in 3 facilities are not inspected regularly. Registered child care facilities are never inspected unless there is a complaint filed with the state. Kansas is ranked 47<sup>th</sup> in child care oversight and regulation.<sup>14</sup>
2. *No standard, objective measure of quality* beyond state basic requirements for licensure currently exists in Kansas.
  - a. There is currently no objective way to measure the quality of a child care facility, beyond whether it is meeting the basic requirements of registration or licensure.
  - b. Parents do not have a way to compare facilities based on health, safety and learning environment to determine quality.<sup>15</sup>

<sup>14</sup> Kansas Action for Children. (2009). *Child Care in Kansas - Keeping Kansans in the Workforce*. Retrieved February 1, 2010, from [http://www.kac.org/ftp/File/Briefs/brief\\_childcare.pdf](http://www.kac.org/ftp/File/Briefs/brief_childcare.pdf).

<sup>15</sup> National Child Care Information and Technical Assistance Center. (2009).

3. *Access to facility evaluation information*
  - a. Inspection and evaluation results are not available to the public without a Kansas open records request.<sup>16</sup>
  - b. There is no easy way to find out about any past violations or license suspensions of a particular child care facility.
  
4. *Cost/Affordability*
  - a. The cost of child care can make up a significant portion of a family's household expenditures. This impacts lower-income families even more, as they already have less money to cover their basic costs.<sup>17</sup>
  
5. *Provider Issues*
  - a. Capacity:
    - i. As mentioned previously, in 2007, Kansas was in charge of regulating almost 11,000 child care facilities. These facilities had the capacity to serve just over 144,000 children.
      1. In Kansas, 67 percent of children under age 6 live in families that potentially need child care of some form - almost 150,000 children.<sup>18</sup>
  - b. Income and reimbursement:<sup>19</sup>
    - i. The average annual income of a full-time, year-round child care provider in Kansas is just over \$17,000.
      1. In Kansas, the state sets the reimbursement rates for licensed providers and child care centers at the 65<sup>th</sup> percentile of market rates and at the 60<sup>th</sup> percentile for registered providers. These rates have not been updated since 2002.
    - ii. In Kansas, if the reimbursement rate to a provider is lower than what the provider charges, the provider is allowed to bill parents for the difference.

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<sup>16</sup> Kansas Department of Health and Environment, Bureau of Child Care and Health Facilities, Licensing and Registration Programs. (2010). *Kansas Child Care Licensing and Registration Laws*. Retrieved March 2, 2010, from <http://www.kdheks.gov/bccr/regs/childcareliclaws/Law.pdf>.

<sup>17</sup> National Association of Child Care Resources and Referral Agencies (NACCRRRA). (2009). *Parents and the High Price of Child Care 2009 Update*. Retrieved February 2, 2010, from <http://www.naccrra.org/publications/naccrra-publications/parents-and-the-high-price-of-child-care-2009>.

<sup>18</sup> U.S. Census Bureau. (2007). *American Community Survey*. Retrieved February 1, 2010, from <http://www.census.gov/acs/www/>.

<sup>19</sup> National Women's Law Center. (2008) *Issue Brief: State Child Care Assistance Policies 2008: Too Little Progress for Children and Families*. Retrieved March 2, 2010, from <http://www.nwlc.org/pdf/StateChildCareAssistancePoliciesReport08.pdf>.

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 8



### WHAT ARE PROMISING POLICY SOLUTIONS?

- Regulations
  - Require licensure of all child care facilities
  - Require complete background checks
  - Require more frequent inspections
  - Require adequate education and training for providers
- Oversight
  - Ensure enforcement, consequences for violations
  - Provide public access to violations and citations via the Internet

### SLIDE 8 NOTES:

1. *Regulations*: Regulations are one way to improve the quality of child care. There are three House and Senate bills under review this session that deal with increased regulation and oversight of child care facilities. These are: SB 447, HB 2220 and HB 2223.
  - a. Licensure of all child care facilities
    - i. On March 4, 2010, the Senate Health & Welfare Committee recommended SB 447 for passage. This bill would require all child care providers to be licensed.<sup>20</sup>
    - ii. Licensure is associated with higher quality care as measured by things like facility space, basic care routines, activities that support language usage and social development and support for parent and staff needs.<sup>21</sup>
    - iii. Licensed providers are more likely to pursue training and professional development.<sup>22</sup>
      1. More than one third of licensed home providers had completed or were working toward the Child Development Associate certificate (CDA), which is more than 4 times the proportion for registered providers.

<sup>20</sup> Shields, M. (2010, March 4). Senate Panel Approves Far Reaching Child Care Bill. *Kansas Health Institute News Service* at <http://www.khi.org/news/2010/mar/04/senate-committee-endorses-far-reaching-child-care/>.

<sup>21</sup> National Association of Child Resources and Referral Agencies (NACCRA). (2009). *We Can Do Better 2009 Update – NACCRA’s Ranking of State Child Care Regulations and Oversight*.

<sup>22</sup> National Association of Child Resources and Referral Agencies (NACCRA). (2009). *We Can Do Better 2009 Update – NACCRA’s Ranking of State Child Care Regulations and Oversight*.

2. Licensed providers complete more training hours and attend more training events.
3. CDA certification, training and technical assistance have been one of the strongest predictors of quality child care.

b. Require complete background checks

- i. Although Kansas requires a provider background check before licensing their facility, the state does not require the use of fingerprints for conducting criminal history background checks. This was one of NACCRRRA's recommendations for improvement.

c. Require more frequent inspections

- i. The NACCRRRA report recommendations included increasing the frequency of inspections of child care facilities to more than once per year.<sup>23</sup>
  1. This may be challenging, however, given that the average caseload of a facility inspector is 151.
  2. The recommended ratio of facilities to inspectors is 50:1.

d. Require adequate education and training for providers

- i. One of the areas in which NACCRRRA cited Kansas as deficient was in the state's requirements around provider and staff education and training.
- ii. In Kansas, center directors are not required to have a college degree.
- iii. NACCRA recommendations for Kansas include:
  1. Increase education requirements for lead teachers to more than a high school education.
  2. Require orientation training for all new staff members caring for children.
  3. Require at least one staff member to be present who is certified in CPR.
  4. Require caregivers to put babies to down to sleep on their backs to help prevent Sudden Infant Death Syndrome.

2. *Oversight*

a. Ensure enforcement with consequences for violations

- i. Child care regulations that are not rigorously or routinely enforced, or that do not carry penalties that are significant deterrents, undermine the law's ability to protect the health and safety of a vulnerable population. Kansas penalties range from \$50 to \$500.

b. Provide public access to violations and citations via the Internet

- i. NACCRRRA recommends making inspection and complaint reports available online for parents to review. Access to this information could assist parents in making more informed choices when selecting a child care facility.

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<sup>23</sup> National Association of Child Resources and Referral Agencies (NACCRA). (2009). *We Can Do Better 2009 Update – NACCRA's Ranking of State Child Care Regulations and Oversight*.



## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 9



### WHAT ARE PROMISING POLICY SOLUTIONS?

- Quality Improvement
  - Exploring the creation and implementation of a statewide Quality Rating System
  - Examining “lessons learned” from other states
  - Reviewing the successes and challenges of the Missouri Quality Rating System (MO QRS)
- Early Childhood Programs
  - Continuing to expand Early Head Start’s reach
  - Expanding Head Start programs to more children
  - Supporting Early Childhood Schools initiatives

### SLIDE 9 NOTES:

#### 1. *Quality Improvement*

- a. The National Center for Children in Poverty (NCCP) lists a Quality Rating System as one way in which states can promote quality child care.<sup>24</sup>
  - i. Quality Rating Systems are useful because:
    1. They can improve the quality of child care programs serving young children and youth;
    2. They can increase public knowledge about high-quality programs;
    3. They can improve access to high-quality programs for children receiving child care assistance; and
    4. They can help to effectively distribute limited resources and monitor program outcomes.
  - b. Several states who have implemented statewide QRS have written reports on the “lessons learned” from the implementation of their programs.<sup>25</sup>
    - i. Missouri Quality Rating System (MO QRS) successes and challenges:

<sup>24</sup> National Center for Children in Poverty. (2009) *Kansas Early Childhood Profile*. Retrieved February 1, 2010, from [http://www.nccp.org/profiles/KS\\_profile\\_16.html](http://www.nccp.org/profiles/KS_profile_16.html).

<sup>25</sup> National Child Care Information and Technical Assistance Center. (2009).

1. Missouri's program was initially developed in 2003. Quality rating models were developed and piloted across the state to determine the most effective measures and appropriate thresholds for criteria. This process included collecting data on 144 programs from across the state of Missouri; conducting focus groups with directors, teachers, and parents; and surveying directors and staff. Throughout the process, developers tried to consider how best to design MO QRS so that all age groups of children experience improved early childhood/school-age programs. Although test sites have produced positive results, MO QRS has not been implemented state-wide because the state legislature or executive administration would need to take official action and provide funding to do so.<sup>26</sup>
2. Missouri's program was initially developed in 2003 and is overseen by the Center for Family and Policy Research (CFPR) at the University of Missouri. It was originally funded by grants received by the CFPR and the Metropolitan Council on Early Learning at the Mid-American Regional Council (MARC) in Kansas City.

## 2. Early Childhood Programs

- a. According to the Center for Law and Social Policy (CLASP), "Comprehensive early care and education policies that start at birth have the potential to identify health and developmental issues, link families to necessary supports, and assure that those who care for very young children have the tools to stimulate healthy child development."<sup>27</sup>
  - i. Supporting the expansion of early childhood programs (e.g., Head Start and Early Head Start) to increase the number of eligible children served by these programs has the potential to improve social and intellectual development, as well as school readiness in children, particularly those at risk.
- b. CLASP highlights Kansas as an example of a state-administered expansion of the Early Head Start Program designed to reach more income-eligible infants and toddlers and their families.<sup>28</sup>
  - i. The Kansas model provides services through weekly home visits or community-based child care and family care facilities.
  - ii. Early Head Start program staff receive training and technical assistance through a partnership with the Department of Health and Human Services' Administration for Children and Families Region 7.
  - iii. In 2005, approximately 825 children received these services in 32 counties. In these counties, 150 partners served 2,000 additional

<sup>26</sup> Center for Law and Social Policy (CLASP). (2010). *Charting Progress for Babies in Child Care - Missouri: The Quality Rating System and Infant/Toddler Responsive Caregiving Checklist*. Retrieved March 2, 2010, from <http://www.clasp.org/babiesinchildcare/states?id=0033>.

<sup>27</sup> Center for Law and Social Policy (CLASP). (2005). *Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives*. Retrieved March 2, 2010, from [http://www.clasp.org/admin/site/publications\\_states/files/0316.pdf](http://www.clasp.org/admin/site/publications_states/files/0316.pdf).

<sup>28</sup> Center for Law and Social Policy (CLASP). (2009) *Kansas Head Start by the Numbers 2008 PIR Profile*. Retrieved February 1, 2010, from [http://www.clasp.org/admin/site/publications\\_states/files/headstartdata2008ks.pdf](http://www.clasp.org/admin/site/publications_states/files/headstartdata2008ks.pdf).

- children in their communities by participating in a program that complies with Head Start program performance standards.
- c. Support early childhood schools initiatives
    - i. Studies of programs such as Chicago's EDUCARE model have been shown to improve vocabulary, social and emotional coping skills and the quality of classroom education.<sup>29</sup>
      - 1. This program was developed by Chicago's Ounce of Prevention Fund in 2000, and has expanded to include sites in Omaha, Milwaukee, Tulsa, Denver, Miami and Oklahoma City.
      - 2. Plans are also underway to expand to Kansas City and three other cities.
  - d. Many early childhood initiatives are paid for through the Kansas Children's Initiative Fund (CIF), including Childcare Quality Initiatives, Smart Start, newborn screening, HealthWave, Early Head Start and many more.
    - i. In the first week of March 2010, the House Social Services Budget Committee recommended that \$7 million be cut from the CIF.
    - ii. The committee recommended cutting \$5 million from the Early Childhood Block Grant and \$2 million from the Early Head Start program.<sup>30</sup>

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<sup>29</sup> University of North Carolina, Child Development Institute. (2009). *Promising Early Returns: Educare Implementation Study Data – April 2009*. Retrieved February 1, 2010, from [http://educarecenters.org/docs/Educare\\_Early\\_Returns.pdf](http://educarecenters.org/docs/Educare_Early_Returns.pdf).

<sup>30</sup> Kansas Action for Children (KAC). *Capitol Connection* email newsletter for March 5<sup>th</sup>, 2010. Received via email correspondence from <http://www.kac.org>.

## ACCESS TO QUALITY CHILD CARE IN KANSAS: SLIDE 10



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